

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY	
TELEPHONE NO. (Optional):		FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO			
<input type="checkbox"/> COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101-3814			
<input type="checkbox"/> FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA, 92101-3294			
<input type="checkbox"/> MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO, CA 92101-3105			
<input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA, 92081-6651			
<input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA, 92020-3941			
<input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649			
PLAINTIFF(S)/PETITIONER(S)		Judge: _____	
DEFENDANT(S)/RESPONDENT(S)		Dept: _____	
DECLARATION FOR ISSUANCE OF A WRIT OF EXECUTION (FC 5104; CCP 699.510; Superior Court Rules, Division V, Rule 5.68)		CASE NUMBER	


(Where payments accrue at different times, fill in data below; in other cases, strike out inapplicable portions.) Failure to claim interest shall be deemed a waiver thereof.

ACCRUALS			PAYMENTS			BALANCE DUE
DATE DUE	AMOUNT	INTEREST	DATE PAID	AMOUNT	INTEREST	

	CASE NUMBER:
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That there is actually due on said order the sum of \$_____ principal, \$_____ costs,
\$_____ attorney fees and \$_____ interest, for which sum declarant requests that a
Writ of Execution issue in favor of _____ to _____

(County)

 If the arrearages do not relate to child support, no other writ in the same county is outstanding and the arrearages have accrued within the past ten years.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

Signature